



CIGARETTE SMOKING AND ERECTILE DYSFUNCTION

TO THE EDITOR:

Erectile dysfunction (ED) affects more than 30 million men in the United States, profoundly affecting their quality of life.¹ Although cigarette smoking and hypertension are well-established risk factors for ED,^{1,4} the effect of cigarette smoking on this condition has not been previously quantified among men in a primary care setting. We gathered information on 59 men (mean age = 59±12 years) with essential hypertension who were patients of the family practice ambulatory care clinic of the Wake Forest University School of Medicine. The sample was approximately 29% African American, and the mean duration of diagnosed hypertension was 11 years. Information was gathered by self-report regarding health history, including medication use and history of cigarette smoking, psychosocial orientation (affect and stress), and a 64-item symptoms checklist. ED was assessed as part of the checklist by response to the question, "Within the past month, have you had impotence or difficulty with erections?" Serum lipids, insulin, and glucose were also assessed from a blood draw after a 12-hour fast. Overall, 15 men (25%) were classified as having ED. Men with and without ED did not differ significantly by age, duration of hypertension, blood pressure, fasting insulin or cholesterol levels, and measures of psychosocial stress and affect. Prevalence of former and current smoking was higher among men with ED (40% and 53%, respectively) compared with men without ED (14% and 34%, respectively, $P < .005$). Clinical symptoms were almost twice as high among men with ED compared with men without (7.1±4.4 vs 3.6±3.7, $P < .005$). After adjusting for age, mean arterial pressure, duration of diabetes, and blood pressure medications, the adjusted odds for ED among current smokers was 27 (95% confidence interval [CI], 2.7-202) and 11 (95% CI, 1.2-96) for former smokers. The adjusted odds for ED among patients with 5 or more clinical symptoms was 19 (95% CI, 1.9-209). Despite the small sample size, these data indicate a significant adverse effect of cigarette smoking on ED, even among former smokers and after controlling for other risk factors. These data are consistent in direction with larger epidemiologic

studies, even to the extent of showing a doubling of risk of ED among current smokers relative to former smokers. Smoking history should be ascertained among all primary care patients, particularly those with ED. Informing primary care patients with hypertension about the high risk of ED associated with cigarette smoking should become a standard part of care for these patients and may provide additional motivation to quit.

John G. Spangler, MD, MPH

John H. Summerson, MS

Ronny Bell, PhD, MS

Joseph C. Konen, MD, MSPH

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2. Jeremy JY, Mikhailidis DP. Cigarette smoking and erectile dysfunction. *J Royal Society Health* 1998; 115:151-55.
3. Mannino DM, Klevens RM, Flanders WD. Cigarette smoking: an independent risk factor for impotence. *Am J Epidemiol* 1994; 140:1003.
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INFANT CIRCUMCISION

TO THE EDITOR:

In "Mary Poppins," Julie Andrews sang "A spoonful of sugar helps the medicine go down." Drs Kass and Holman¹ are to be congratulated for debunking this as far as circumcision is concerned.

What a pity, however, that they join a long list of researchers who fail to see the obvious. The only certain way to avoid the pain and complications of unnecessary surgery is not to do the surgery.

John D. Dalton

United Kingdom

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1. Kass FC, Holman JR. Oral glucosesolution for analgesia in infant circumcision. *J Fam Pract* 2001; 50:785-88.

DRS KASS AND HOLMAN RESPONDED:

The authors do not advocate for or against routine male infant circumcision. As with any procedure, there are risks and benefits that must be discussed with parents or guardians before undertaking. In the United States, infant circumcision is a very common and popular procedure. We advocate only for a more humane way of performing this surgery.

Frederick C. Kass, MD, MC, USNR

John R. Holman, MD, MPH, MC, USN

JFP